

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>8/29/05</u>		2 Serial/Patent # <u>09/681524</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
<input checked="" type="checkbox"/>	Extension of Time		<u>6/23/05</u>	\$ <u>1080</u>						
<input checked="" type="checkbox"/>	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>1080</u>						
		8 TO BE REFUNDED BY: <u>CC</u>								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">extension filed after extendable period.</div>									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Patent EP</u>								
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>23264</u>								
OFFICE:										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alicia Kelly</u>		DATE: <u>8/30/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/681,524
Applicant : LEE, WEN-TSAO
Filed : 04/23/2001
TC/A.U. : 2879
Examiner : SANTIAGO, MARICELI
Customer No. : 28639

Confirmation No. 4634

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of 09/09/2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

6/24/2005 SZEWDIE1 00000014 09681524

2 FC:2255 1080.00 DP

Adjustment date: 08/30/2005 AKELLEY
06/24/2005 SZEWDIE1 00000014 09681524
02 FC:2255 -1080.00 DP

Refund Ref:
08/30/2005 0030024977

Credit Card Refund Total: \$1080.00

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